



**United Community Center**  
 1028 S. 9th Street  
 Milwaukee, WI 53204  
 Tel: (414) 384-3100  
 Fax: (414) 649-2844  
 www.unitedcc.org

Please return completed form to:  
**Barbara Cerda, Community Relations Coordinator**  
 Email: [bcerda@unitedcc.org](mailto:bcerda@unitedcc.org) Direct Line: 414-389-4724

<b>MUST be completed by UCC before submitting to Marketing:</b>	
Date Received: _____	
Desired Volunteer Position: _____	
Name of Staff Member Submitting Form: _____	
<b>To be completed by Marketing:</b>	
Date Received: _____	Date Sent to HR: _____
Final Placement: _____	

# Volunteer Application

## Personal Information

Name: \_\_\_\_\_ Are you over the age of 18? Yes  No   
 If no, only complete the application and Agency Agreement.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Employment

Current employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## School *(Complete if you are a student)*

Current School: \_\_\_\_\_ Grade level: \_\_\_\_\_

Address: \_\_\_\_\_

Total number of desired volunteer hours: \_\_\_\_\_ Date of completion (deadline for service hours): \_\_\_\_\_

Major and minor: \_\_\_\_\_ Supervising Professor/teacher: \_\_\_\_\_

Supervising Professor/teacher email and phone number: \_\_\_\_\_

What is your highest level of education completed? \_\_\_\_\_

## Professional References

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Skills & Interests:** Check all hobbies, interests and skills that you would like to use in your volunteer work:

- Sports: Basketball, Baseball, Soccer, Tennis, Golf, Volleyball
- Academics: Math, Science, Writing, Reading
- Music

- Baking/Cooking
- Arts & Crafts, Sewing, Knitting
- Other: \_\_\_\_\_

**Additional Information**

How were you referred to UCC?

- Volunteer Center of Greater Milwaukee
- UCC web site
- Newspaper advertisement/article
- Service Learning
- UCC Volunteer card
- Friend
- High School/College Referral
- Other: \_\_\_\_\_

Why would you like to volunteer at this agency? \_\_\_\_\_

How many hours do you anticipate volunteering? \_\_\_\_\_

If this is for a class, do you anticipate ending your volunteer service after your hours are completed? \_\_\_\_\_

Will you require any special accommodations as a volunteer? Please explain. \_\_\_\_\_

Have you been convicted of any violations(s) of law, including moving traffic violations? Yes  No

Do you have any pending charges or cases open in which a decision has not been made yet? Yes  No

If yes to either question above, please provide the description of the offense, date of charge, date of conviction, pending charges, County, City or State of convictions:

\_\_\_\_\_

\_\_\_\_\_

\*Please note volunteer placement is contingent on passing the background check.

**Availability**

Please check the days and hours that you are able to volunteer.

- |                                    |             |
|------------------------------------|-------------|
| <input type="checkbox"/> Monday    | Time: _____ |
| <input type="checkbox"/> Tuesday   | Time: _____ |
| <input type="checkbox"/> Wednesday | Time: _____ |
| <input type="checkbox"/> Thursday  | Time: _____ |
| <input type="checkbox"/> Friday    | Time: _____ |
| <input type="checkbox"/> Saturday  | Time: _____ |
| <input type="checkbox"/> Sunday    | Time: _____ |

**Note:**  
 UCC's standard hours are:  
 Monday- Friday 8 a.m. - 5 p.m.

Elderly Programs  
 Saturday and Sunday 9 a.m.- 1 p.m.

**Contact with UCC**

UCC periodically sends out information about its' programs and activities. Would you like to be kept up to date on this information?

- Yes  No

**Volunteer Agreement**

I certify that the above information is correct and complete to the best of my knowledge, without consequential omission of any kind. I authorize UCC to release information requested regarding my service, character and qualifications. I have been informed that UCC is required by state law to do a background check and may do a drug test. I acknowledge that by completing this application, UCC is not obligated to offer me a volunteer position.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer Permission** (Parent/ Guardian must complete this if you are under 18 years of age)

I grant permission for my child, \_\_\_\_\_ to serve as a volunteer at UCC.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_



**United Community Center/Centro de la Comunidad Unida**

1028 S. 9th Street  
Milwaukee, WI 53204  
Tel: (414) 384-3100  
Fax: (414) 649-4411  
www.unitedcc.org  
Contact: Barbara Cerda

---

## Volunteer and Agency Agreement

Any relationship is enhanced by good communication. This agreement outlines the expectations of the volunteer and the United Community Center (UCC) so the volunteer can be most successful in meeting their own personal needs while fulfilling UCC's mission.

### UCC Agrees to:

1. Provide adequate information, training and assistance for each volunteer to be effective.
2. Willingly receive the volunteers' comments and suggestions.
3. Treat each volunteer as a member of our team.
4. Provide feedback on volunteer performance and appreciation for their work.
5. Respect the skills, dignity and individual needs of each volunteer.

Barbara Cerda

Signature of UCC Community Relations Coordinator

\_\_\_\_\_ Date

### The Volunteer Agrees to:

1. Act as a member of the team at all times to accomplish the mission of UCC.
2. Be **punctual** and **conscientious** in fulfilling my duties.
3. Dress **appropriately** for the position, according to the following guidelines:
  - o No short shorts (i.e. shorter than hands held at side)
  - o No mini-skirts
  - o No crop tops
  - o No ripped jeans
  - o No t-shirts with any age-inappropriate material (alcohol related, obscene pictures and/or language, etc.)
  - o No sleeveless shirts/tank tops
4. Adhere to my schedule and promptly report any absence.
5. Perform my volunteer duties to the best of my ability and conduct myself with honesty, dignity and courtesy.
6. Take any problems, concerns or suggestions to the Volunteer Coordinator or my supervisor.
7. Follow all rules and accept supervision with a willingness to learn, and ask about things not understood.
8. Adhere to the drug-free workplace policy. **Volunteers must not use or be under the influence of controlled substances while volunteering.**
9. Use office equipment (computers, phones, etc.) and supplies **for UCC business only**, unless given specific permission.
10. Notify the Volunteer Coordinator when I am no longer able to volunteer, or if my volunteer work will be interrupted for an extended period of time.

### Confidentiality Agreement:

As a condition of volunteer placement, I agree not to divulge to unauthorized persons any confidential information obtained from observation, conversation, correspondence, personal records or any other source. This includes information about both the staff and people served by our agency. I will not publish, orally disclose or otherwise make public any confidential information, except as I am legally required.

### Information Release:

I understand that UCC may use my story and/or photo of my volunteer activities in future print or website publications. I consent the release of this information.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

Please print name: \_\_\_\_\_



STATE OF WISCONSIN DEPARTMENT OF JUSTICE

DJ-LE-250 (Rev. 7/11)

DIVISION OF LAW ENFORCEMENT SERVICES Crime Information Bureau Record Check Unit

PO Box 2688 Madison, WI 53701-2688 608/266-5764

WISCONSIN CRIMINAL HISTORY SINGLE NAME RECORD REQUEST

A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included. See reverse side for additional instructions and information. Please print legibly or type.

Requestor Type - Check Only One

- Government Agency \$12.00\*
General Public \$12.00\*
Nonprofit Org. \$12.00\*
Public Defender (Fee Exempt)
Police Certificate \$20.00 (Must include fingerprint card)

Request Purpose - Check Only One

- General Information
Public Housing
Caregiver - General (\*Add \$3 DHS fee)
Child Day Care - Caregiver (\*Add \$3 DHS fee)
Provide either Facility # or Certifying Agency #

Payment Type - Check Only One

- Bill Account Number # N 2283 (not available for police certificate)
Amount Enclosed \$

Search for a Record on: (Please type or print legibly)

\* Name: (Last) / (First) / (Middle)

\* Sex: \* Race: \* Date of Birth: (MM) / (DD) / (YYYY)

Other Identifying Data (Social Security Number, Maiden Name(s), Additional Names, etc.)

\* Required Data

Return request to: (Include a self-addressed, postage-paid envelope)

Name: United Community Center Attn: Human Resources Department
Street: 1028 S. 9th Street Phone: 414-384-3100
Milwaukee, WI FAX: 414-645-0165
City, State, Zip: 53204 E-mail:

FOR CIB USE ONLY

Special Processing Instructions:

Four horizontal lines for special processing instructions.

## General Instructions

Use form DJ-LE-250 to request a criminal background check on a single individual. Use form DJ-LE-250A to request background checks on multiple persons. Wisconsin Statutes 19.35(1) and 165.82 provide that any person or entity may request a criminal background check. The subject of the inquiry may be any person. Wisconsin adult criminal history data held by the Crime Information Bureau is public information. Wisconsin does not release juvenile information unless statutorily authorized.

The Wisconsin Criminal History Record Request must provide:

- (1) **Requestor Type.** Check the box for your requestor type. If you are a nonprofit organization, you must include a copy of your 501(c)3 ruling from the IRS. If you are a state public defender, you must include your SPD number.
- (2) **Request Purpose.** Check the "General Information" box unless you need the special processing described below. Requests received without a request purpose checked will be processed as "general information."  
Caregiver Background Check processing should be used by entities or individuals required to do caregiver background checks under s. 50.065, and child care entities under s. 48.685. The caregiver background check includes a Wisconsin criminal background check, a license and registry check from the Wisconsin Department of Health and Family Services (DHFS) and a professional credential check from the Wisconsin Department of Regulation and Licensing (DRL). The results of the caregiver background check from DHFS/DRL are returned separately from the Wisconsin criminal history results. Child day care providers with day care facility numbers (assigned by the Division of Children and Family Services in DHFS) or with certifying agency numbers (assigned by the Wisconsin Department of Workforce Development(DWD)) must check the "Child Day Care" box and provide their facility or agency number. All other entities and individuals covered by the Caregiver legislation must check the "Caregiver Background Check – General" box.
- (3) **Payment Type.** Wisconsin s. 165.82 requires CIB to charge a fee for background checks. If appropriate, include DHFS Caregiver fee in Amount Enclosed. If you have an account and wish to be billed, enter your account number. Account customers will be billed monthly. A check or money order must accompany all other requests. Make checks payable to the Wisconsin Department of Justice.
- (4) **Enter the complete name, sex, race, and date of birth of the individual being checked.** Entry of social security number is optional, but please be aware that this number is one of the unique identifiers used by the Crime Information Bureau and by the Department of Health and Family Services. Social Security numbers help prevent incorrect matches.
- (5) **A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included.** This form will be returned and stamped "No Record" if there is no public criminal information on file at CIB. The form will be accompanied by public criminal history information if a record is found. Please allow 10 business days for the CIB record check and reasonable mailing time by the postal service. Do not provide an additional envelope for Caregiver results. General Caregiver results will be returned to the address specified in the "Return request to" section and Child Daycare results will be returned to the address on file at DHFS or DWD.
- (6) **Complete the "Return request to" section.**

Mail requests to: Crime Information Bureau Attn: Record Check Unit PO Box 2688 Madison, WI 53701-2688

**165.82 CRIMINAL HISTORY SEARCH FEE.** (1) Notwithstanding ss. 19.35(3) the Department of Justice shall impose the following fees, plus any surcharge required under sub. (1m), for criminal history searches for purposes unrelated to criminal justice:

- (a) For each record check, except a fingerprint card record check, requested by a nonprofit organization, \$7.00
  - (ag) For each record check, except a fingerprint card record check, requested by a governmental agency, \$7.00.
  - (ar) For each fingerprint card record check, \$15.
  - (b) For each record check by any other requestor, \$7.00.
- (1m) The department of justice shall impose a \$5 surcharge if a person requests a paper copy of the results of a criminal history search requested under sub. (1).
- (2) The Department of Justice shall not impose fees for criminal history searches for purposes related to criminal justice.

**1999 WISCONSIN ACT 9** This act authorizes the Department of Health Services to impose a fee for caregiver checks submitted to that agency. This fee has been set at \$3 and is effective April 1, 2000. The Department of Justice has agreed to collect this fee for DHS.

## Requestor Type Category Definitions

**Nonprofit Organization** – An organization in which no part of the income is distributable to its members, directors or officers. Record check requests submitted to the Crime Information Bureau by nonprofit organizations must include a copy of the organization's 501(c)(3) ruling from the Internal Revenue Service].

**Governmental Agency** – A federal, state, county or municipal governing body created by constitution, state, code, charter, ordinance, rule or order and any formally constituted subunit or agency thereof. This category includes public school districts.

**Any Other Requestor** – Includes any individual, agency or organization that does not meet the definition of governmental agency, nonprofit organization or a criminal justice agency involved in the administration of criminal justice.

**Police Certificate** – A fingerprint-based criminal history search most commonly needed for purposes of immigration or adoption. This search is of Wisconsin criminal history records only. Searches for other states must be performed through each state or the FBI. Please indicate any special processing instructions in the space provided.

## BACKGROUND INFORMATION DISCLOSURE (BID)

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.

**Check the box that applies to you.**

- |  |   |
|--|---|
| <input type="checkbox"/> Employee / Contractor (including new applicant)<br><input type="checkbox"/> Applicant for a license, certification, or registration (including continuation or renewal) | <input type="checkbox"/> Household member (lives on premises, but is not a client)<br><input type="checkbox"/> Other – Specify: _____ |
|--|---|

**NOTE:** If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>		<i>Middle</i>	<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)			Birth Date ( <i>MM/dd/yyyy</i> )	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name)				
Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown				Social Security Number
Home Address		City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)				

**A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**

Note: The areas below that are designated for responses are expandable.

**SECTION A ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION**

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?  
 If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.  
 You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.

Yes    No  
   

2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?  
 If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.  
 You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

Yes    No  
   

3. **IMPORTANT: Read before completing item 3.**  
**Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY.** “All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential.” Reports and records may be disclosed only to the persons identified in this section.

**If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.**

Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?  
 If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

Yes    No

- |   |   |  |
|---|---|--|
| <p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>     | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b>?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?<br/>If <b>Yes</b>, explain, including credential name, limitations or restrictions, and time period.</p> | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |

**SECTION B – OTHER REQUIRED INFORMATION**

- |   |   |  |
|---|---|--|
| <p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?<br/>If <b>Yes</b>, explain, including when and where it happened and the reason.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?<br/>If <b>Yes</b>, indicate the year of discharge: _____<br/>Attach a copy of your DD214, if you were discharged within the last three (3) years.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>4. Have you resided outside of Wisconsin in the last three (3) years?<br/>If <b>Yes</b>, list each state and the dates you resided there.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years?<br/>If <b>Yes</b>, list each state and the dates you resided there.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>6. Have you had a caregiver background check done within the last four (4) years?<br/>If <b>Yes</b>, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe?<br/>If <b>Yes</b>, list the review date and the review result. You may be asked to provide a copy of the review decision.</p> | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |

**Read and initial the following statement.**

\_\_\_\_\_ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form	Date Submitted
------------------------------------	----------------